

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PRO-EN)**

SERIAL NO.

702737

APPLICANT'S

FILING DATE

11-1-00

**CLAIMS**

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	NO.	OFF.	NO.	OFF.	NO.	OFF.
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	NO.	OFF.	NO.	OFF.	NO.	OFF.
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4/16/20

2/19/21